DCPS - USER ID / PASSWORD AUTHORIZATION

This logon id will be used by me exclusively for: Write in Reason(CSR Input. T&A Input. HRO View)	am requesting logon access to the Defense Civilian Pay Sy	stem at: CHARLESTON, SOUTH CAROLINA
ACCESS REQUESTED FOR DCPS DATABASE: ZGT ZG2 ZLO ZFA ZFR (Please indicate) **ACTIONS TAKEN VIA THIS LOGON ID ARE SUBJECT TO BEING MONITORED AND WILL BE LOGGED** (Please Print) User's Name: Phone: Phone: Phon		Operating Location
ACTIONS TAKEN VIA THIS LOGON ID ARE SUBJECT TO BEING MONITORED AND WILL BE LOGGED (Please Print) User's Name: Phone: TERMINAL USER RESPONSIBILITIES 1. MEMORIZE YOUR PASSWORD. DO NOT maintain written copies of your password. 2. DO NOT DIVULGE YOUR PASSWORD(S) TO ANY OTHER PERSON. This userid is for your exclusive use. Protect your keyboard and screen while entering your password. 3. Use ONLY YOUR OWN USERID and PASSWORD. 4. DO NOT LEAVE YOUR TERMINAL UNATTENDED WHILE LOGGED ON. 5. IF YOUR PASSWORD IS COMPROMISED notify your cognizant Terminal Area Security Office (TASO) immediately. If you have no TASO notify the DCPS Customer Support Division. PASSWORDS. Each person issued an account is responsible for maintaining their own password. Initial passwords for all new accounts are issued in an expired state and must be change during your initial logon. Passwords must contain between 6 and 8 alphanumeric characters and are valid for a maximum of 90 days after being changed by the user. Passwords SHOULD NOT consist of easily identifiable words or be uniquely identifiable to you (such as your child's name or your favorite sports team). 7. This account is issued for the PERFORMANCE OF OFFICIAL DUTIES ONLY. Any other use is strictly prohibited. 8. All DCPS production data contains sensitive unclassified information that is subject to protection from disclosure under the Privacy Act of 1974. All hardcopy or other output containing such data must be safeguarded and disposed of property. No controlled unclassified information shall be stored on a PC at any time. 9. Provide your TASO or Payroll Office Security Officer with a copy of this form. USER CERTIFICATION I have read the above terminal user responsibilities and understand my obligations. Date User Signature DCPS ISSO/COORDINATOR ISSO/CSR SITE SECURITY AUTHORIZATION User briefed on DCPS security Policy on Date Date	This logon id will be used by me exclusively for:	
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User briefed on DCPS security Policy on Date Authorized Signature	Date User Sig	gnature
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TO CONTEN		
LOGON ID: USERID/Password Issued On:	Date	Authorized Signature
	LOGON ID: USERI	ID/Password Issued On:

DCPS USER SECURITY ACCESS QUESTIONNAIRE													
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ACTION Code A=ADD C=CHANGE D=DELETE M=MER T=T/A P=TBL V=VEW C=CERT D=DISB A=REMOTE SSO ACTIVITY/PAY BLOCK/T&A GROUP/EDC GROUP or 'ALL'													
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PART	II. TO BE	COMPLET	ED BY	THE CO	OORDINA	ATING ISS	SO.						
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Assigned: COMPLETED				_ACF2 DCPS									
Comme	Comments:					Signature/Date:							

PRIVACY ACT STATEMENT

Section 293 of Title 5 to the U.S. Code authorizes the collection of this information. The information will be used to accomplish an official purpose or carry out an assigned program. The primary purpose of this form is to provide data for control of access to DCPS facilities. Furnishing the information on this form is voluntary, however, failure to do so will result in denial of access to the DCPS system in accordance with the DOD ADP Security Program.

FORM USAGE NOTES

This form, when completed, contains Privacy Act or other sensitive data which must be properly safeguarded. This form may be reproduced in blank form only